U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2960	2. Fiscal Year Covered From:			
	0) / 01 / 2004 Through: 12 / 31 / 2004			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name ALTON C MUMM	Name Communications Workers of Dimerica Labor Organization File Number 0011801			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Surite 8			
Street 602 S. 259 ST.	Street 5488 27"ST.			
City WATERLOO	City OMAHA			
State IVE ZIP Code + 4 68069-4616	State NE ZIP Code + 4 L 2/67-3492			
5. Position in labor organization. PRES: DENT				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name LUCENT TECHNOLOGIES	SERVE ON JOINT HENLTH + SAFETY (CONTRACT REQUIRED COMMITTEE)				
Trade Name, if any:	SERVE ON JOINT HENLTH + SAFETY COMMITTEES COMMITTEES PERMEURSES FOR EXPENSES RELATED TO ATTENDING MESTURES HELD & TIMES BY EAR				
P.O. Box, Bidg., Room No., if any	MEETINGS HELD STIMES BYEAR				
Street 8742 LUCENT BLVD.	7.b. Amount.				
City HIGHLANDS RANCH	\$1674.48				
State C 0 ZIP Code + 4 85 129					

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Alton & Mumm	On <u>07-07-05</u> Date	462-359-2732 Telephone Number			

Name of Person Filing	File Number U- 2960
B. Held an interest in or derived income or economic benefit with mone substantial part of which consists of buying from, selling or leasing to, of an employer whose employees your labor organization represents o (2) any part of which consists of buying from or selling or leasing direct dealing with your labor organization or with a trust in which your labor or	or otherwise dealing with the business r is actively seeking to represent, or by or indirectly to, or otherwise
3. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bidg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
State ZIF Gode 14	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.

or from any labor relations consultant t	o an employer any payment of n	noney	or other thing of value.	
Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a. Nature of payment.	
Name			,	
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4	:		
13.b. Is the Business an Employer	or Consultant ?		14.b. Amount of payment.	